

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027764

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381

Primary Registration District No. 3099

Registrar's No. 146

VS 300
Rev. 4/59

1 0585

2 0585

3

4

5

6

7 0

8 2

9 5400

10

11

12 2-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 24 1962

1. PLACE OF DEATH

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Brookfield

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pershing Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Linn

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Brookfield

d. STREET

ADDRESS

537 South Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

FLORENCE DEWEY VEAL

4. DATE OF DEATH

July 16, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/6/1899

9. AGE

Last birthday

63

IF UNDER 1 YEAR

Months Days Hours Min.

4 10

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Shop Operator

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Factory

11. BIRTHPLACE (City and state or country)

Stanberry, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frank Sager

13b. MOTHER'S MAIDEN NAME

Laura Smith

14. NAME OF HUSBAND OR WIFE

Roy E. Veal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

1A Roy E. Veal, Brookfield, Missouri

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart - arterial hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Peptic ulcer

Weakness

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Polycythemia - Leukemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to 1962 and last saw her alive on July 16, 1962

Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

M.D.

22b. ADDRESS

103 Linn - Brookfield, Mo.

22c. DATE SIGNED

7-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

July 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Hill Funeral Home

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

Hill Funeral Home

ADDRESS

Brookfield, Mo

25. DATE RECD. BY LOCAL REG.

7-17-1962

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

B. J. Lindley

Licensed Embalmer No. *4822*

P. O. Address *Chickasha Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.